

## § 418.1

### CORE SERVICES

- 418.64 Condition of participation: Core services.
- 418.66 Condition of participation: Nursing services waiver of requirement that substantially all nursing services be routinely provided directly by a hospice.

### NON-CORE SERVICES

- 418.70 Condition of participation: Furnishing of non-core services.
- 418.72 Condition of participation: Physical therapy, occupational therapy, and speech-language pathology.
- 418.74 Waiver of requirement—Physical therapy, occupational therapy, speech-language pathology and dietary counseling.
- 418.76 Condition of participation: Hospice aide and homemaker services.
- 418.78 Condition of participation: Volunteers.

### Subpart D—Conditions of Participation: Organizational Environment

- 418.100 Condition of participation: Organization and administration of services.
- 418.102 Condition of participation: Medical director.
- 418.104 Condition of participation: Clinical records.
- 418.106 Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment.
- 418.108 Condition of participation: Short-term inpatient care.
- 418.110 Condition of participation: Hospices that provide inpatient care directly.
- 418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.
- 418.114 Condition of participation: Personnel qualifications.
- 418.116 Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients.

### Subpart E [Reserved]

### Subpart F—Covered Services

- 418.200 Requirements for coverage.
- 418.202 Covered services.
- 418.204 Special coverage requirements.
- 418.205 Special requirements for hospice pre-election evaluation and counseling services.

### Subpart G—Payment for Hospice Care

- 418.301 Basic rules.
- 418.302 Payment procedures for hospice care.
- 418.304 Payment for physician and nurse practitioner services.

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- 418.306 Determination of payment rates.
- 418.307 Periodic interim payments.
- 418.308 Limitation on the amount of hospice payments.
- 418.309 Hospice aggregate cap.
- 418.310 Reporting and recordkeeping requirements.
- 418.311 Administrative appeals.
- 418.312 Data submission requirements under the hospice quality reporting program.

### Subpart H—Coinsurance

- 418.400 Individual liability for coinsurance for hospice care.
- 418.402 Individual liability for services that are not considered hospice care.
- 418.405 Effect of coinsurance liability on Medicare payment.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 48 FR 56026, Dec. 16, 1983, unless otherwise noted.

### Subpart A—General Provision and Definitions

#### § 418.1 Statutory basis.

This part implements section 1861(dd) of the Social Security Act (the Act). Section 1861(dd) of the Act specifies services covered as hospice care and the conditions that a hospice program must meet in order to participate in the Medicare program. Section 1861(dd) also specifies limitations on coverage of, and payment for, inpatient hospice care. The following sections of the Act are also pertinent:

(a) Sections 1812(a) (4) and (d) of the Act specify eligibility requirements for the individual and the benefit periods.

(b) Section 1813(a)(4) of the Act specifies coinsurance amounts.

(c) Sections 1814(a)(7) and 1814(i) of the Act contain conditions and limitations on coverage of, and payment for, hospice care.

(d) Sections 1862(a) (1), (6) and (9) of the Act establish limits on hospice coverage.

[48 FR 56026, Dec. 16, 1983, as amended at 57 FR 36017, Aug. 12, 1992; 74 FR 39413, Aug. 6, 2009]

#### § 418.2 Scope of part.

Subpart A of this part sets forth the statutory basis and scope and defines terms used in this part. Subpart B